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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/579,327			ing Date 05/2007	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			UMBER FI	LED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		ı	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A		N/A		l	N/A	
TO' (37	TAL CLAIMS CFR 1.16(i))		minus 20 = *			l	x s = 1		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			l	X \$ =			X \$ =	
APPLICATION SIZE FEE (37 CFR 1.16(a)) If the specification and drawings ex- sheets of paper, the application size is \$250 (\$125 for small entity) for ea- additional 50 sheets or fraction there 35 U.S.C. 41(a)(1)(G) and 37 CFR					on size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	L
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	12/21/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 8	Minus	20	= 0]	X \$ =		OR	X \$60=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	3	- 0	ı	X \$ =		OR	X \$250=	0
	Application Size Fee (37 CFR 1.16(s))								_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П	1		OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		=		X \$ =		OR	x s =	
№	Independent (37 CFR 1 16(h))		Minus	***	-	l	x s =		OR	x s =	
Į.	Application Size Fee (37 CFR 1.16(s))								l		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3. *If the "Highest Number Previously Paid For' IN THIS SPACE is less than 2, enter "20". *If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3". *The "Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1. *The "Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1. *The Thighest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.											

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